QUALITATIVE RESEARCH

The role of structural violence in family homelessness

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Abstract

Objective This study examines the impacts of structural violence on women and how this can influence their trajectory into and their sustainable exits from homelessness.

Methods The research is qualitative and community-based, including 15 interviews with mothers living in emergency shelters and a group interview with nine professionals. An advisory group was formed through partnership with community services to provide project oversight and guide and interpret the results. A member check group consisting of seven mothers with recent experiences of homelessness was engaged to further refine findings and implications. The research team used Critical Social Theory, in particular feminist theory, as an analysis framework in order to account for the implications of structural violence on mothers with diverse and complex histories.

Results The results highlight three structural-level factors: gendered pathways into homelessness, systems of support that create structural barriers, and disjointed services that exacerbate trauma.

Conclusion The authors propose systems-level changes rooted in trauma-informed approaches to facilitate a sustainable exit from homelessness for mothers and their children.

Résumé

Objectif Examiner les répercussions de la violence structurelle sur les femmes et son influence possible sur leur cheminement vers l'itinérance et sur leur sortie durable de l'itinérance.

Méthode Notre étude qualitative et communautaire a comporté 15 entretiens avec des mères vivant dans des refuges d'urgence et un entretien de groupe avec neuf professionnels. Un groupe consultatif a été créé en partenariat avec des services de proximité pour assurer la supervision du projet et en guider et en interpréter les résultats. Un groupe de contrôle, composé de sept mères ayant vécu une expérience récente d'itinérance, a été recruté pour peaufiner les constatations et les conséquences de l'étude. L'équipe de recherche a utilisé la théorie sociale critique, en particulier la théorie féministe, comme cadre d'analyse pour tenir compte des conséquences de la violence structurelle sur les mères aux antécédents divers et complexes.

Résultats Les résultats font ressortir trois facteurs structurels : les cheminements genrés vers l'itinérance, les systèmes de soutien qui créent des obstacles structurels, et les services fragmentaires qui exacerbent les traumatismes.

Conclusion Les auteures proposent des changements systémiques ancrés dans des démarches sensibles aux traumatismes pour favoriser une sortie durable de l'itinérance pour les mères et leurs enfants.

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Introduction

Across Canada, approximately 35,000 people experience homelessness on any given night. Rates of homelessness for adult singles have stabilized in the last 5 years, in part due to the implementation of Housing First programs which provide affordable, permanent housing with on-site case management (Gaetz and Gulliver 2014). These programs have been shown

to be successful in sustainably ending homelessness for people with complex issues but have been designed primarily for adult single men (Goering et al. 2014). Family homelessness has been growing. Between 2005 and 2009, there was a 50% increase in the average length of stay and total numbers of women and children in shelters across Canada (Segaert 2012) triple the length of stay for the homeless population as a whole. Women make up approximately 25% of the adult homeless population but are the majority of lone parents in homeless families (Calgary Homeless Foundation 2014). Homelessness for women is particularly complex because of the presence of children, and gender-specific vulnerabilities, including high rates of post-traumatic stress disorder, mental health issues (Bassuk et al. 2010), sexual exploitation and assault (Paradis and Mosher 2012). Women are also among the highest group of the 'hidden homeless', or those who stay in unsafe situations to avoid accessing an emergency shelter. Their experiences therefore are often absent from the scholarly knowledge on homelessness and needed interventions (Gaetz et al. 2016).

The World Health Organization (1996) declares that violence is a significant global public health issue that is a leading cause of death among people aged 15–44 (Krug et al. 2002). Violence against women occurs in multiple ways. Most relevant to this study is interpersonal violence in the form of childhood abuse and spousal abuse. Childhood abuse typically occurs as physical or sexual abuse or neglect, commonly understood as non-accidental harming of a child, deliberate exposure of a child to sexual activities, and failing to provide the necessities of life (Jenny 2010; Psychology Today 2019). Spousal abuse against women by men is 'physical violence directed against a woman by a current or ex-husband or boyfriend. The term… often includes sexual violence and can also include psychological abuse…' (Jewkes 2002). The relationship between both forms of violence and mental health issues like post-traumatic stress disorder and suicidal ideation is well documented (Jewkes 2002; Davies-Netzley et al. 1996). The association between violence against women and homelessness has also been well documented. Many studies have focused on women's experiences of violence while they are homeless (Hatty et al. 1996; Watson 2016). Other studies have focused on interpersonal violence as a contributor to women's homelessness (Lyon et al. 2008); as many as 57% of women in shelter report violence as the immediate cause of their homelessness and 38% of all interpersonal violence victims become homeless at some point in their lives (Baker et al. 2003). Given the stigma and shame associated with experiencing and reporting violence, these numbers likely underestimate incidence and prevalence (World Health Organization 2005). Less is known about the impacts of structural violence on women's homelessness and how this can influence women's trajectory into and their sustainable exits from homelessness. Both structural and interpersonal levels of violence are key components of gender-specific experiences of homelessness for women. Structural violence, originally described by Galtung (1969), can be defined as the violence occurring when social structures or institutions cause harm by preventing individuals from meeting their basic needs, including institutionalized sexism. This term has also been used in action-based research by anthropologist and physician, Paul Farmer: 'structural violence is one way of describing social arrangements that put individuals and populations in harm's way… The arrangements are structural because they are embedded in the political and economic organization of our social world; they are violent because they cause injury to people … neither culture nor pure individual will is at fault; rather, historically given (and often economically driven) processes and forces conspire to constrain individual agency. Structural violence is visited upon all those whose social status denies them access to the fruits of scientific and social progress' (Farmer 2004).

Structural violence and interpersonal violence are interdependent and interwoven. Racial violence, gendered violence and family violence, for instance, do not exist in isolation of social structures that have been built on ideologies of inequality and dominance of one group, ethnic, gender or otherwise, over another. Structural violence manifests as unequal access to social systems of support like housing, health care, education and employment, primarily due to a long history of cuts to social welfare funding and programs that disproportionately affect women. This in turn increases the risk for interpersonal violence as women are 'forced' into vulnerable social positions and dependency (Montesanti and Thurston 2015). Women often become trapped in poverty with limited options to exit and this exacerbates the trauma that many have already faced (Santiago et al. 2009). Structural violence is particularly problematic as it is often unrecognized or unseen, making it near impossible to address. The effects however mirror the effects of interpersonal violence in that they exacerbate powerlessness, helplessness and the continual threat of further violence (Galtung 1969; Farmer 2004).

Structural violence frameworks recognize that there are multiple opportunities for systems and institutions to impact women's welfare and their ability to maintain stable housing (Covington and Bloom 2003; Kohl et al. 2005; Tutty et al. 2012).

Researchers have examined the structural influences that have exacerbated homelessness, including the employment market, income distribution and changes to social benefits (Barrow and Laborde 2008; Bassuk and Rosenberg 1988; Bassuk et al. 1997; Broussard et al. 2012; Paradis et al. 2008; Shlay 1994). The current study aims to address a knowledge gap regarding the relationship between structural violence and homelessness.

Theoretical framework

This study was grounded in Critical Social Theory (CST). CST is a particularly useful lens for the examination of complex social problems, as it attempts to connect individual issues to structural issues of power, exclusion and ideology (Agger 2006). Rather than treating problems as being singular and residing within the individual, CST allows us to examine the multiple experiences of marginality experienced by mothers in homelessness and to challenge the structural barriers and power differentials that maintain inequities in service delivery and policy development (Thomas 2007). Critical feminist theory in particular provides a framework for understanding gender-specific vulnerabilities exacerbated by structural violence. For example, the 'feminization of poverty' where women outnumber men in poverty statistics is argued to be a global phenomenon and the root cause of other social vulnerabilities. Feminization of poverty is perpetuated by hegemonic and patriarchal approaches and ideology (Abercrombie and Hastings 2016).

Feminist theory on mothering provides an additional framework to understand this complex social experience. Mothering is a socially determined role that can provide a deep sense of connection and meaning when being a mother is viewed as being a valuable member of society (McMahon 1995). Mothering however can be an oppressive role for mothers experiencing homelessness, as the cultural norms of a 'good mother', having a stable marriage, education, income, housing and providing a safe environment for their children, are impossible to meet (DeQuinzio 2013). Understanding that structural violence is rooted within the feminization of poverty and gendered norms and expectations allows us to posit alternative responses that focus on changing public systems rather than changing individual women.

Methodology

Data collection and sampling

A sample of 15 mothers were recruited from two of Calgary's emergency shelters for families. Both family shelters are funded by the Alberta provincial government to provide short-term lodging and basic needs, including food and clothing. Staff also often provide referrals to other community-based services. Neither shelter requires families to be fleeing violence to be eligible for support (Government of Alberta 2019). The inclusion criteria for the study included currently staying in a family shelter; having been pregnant and/or had children with them while experiencing homelessness; and being over 18 years of age. Participants received a $50 honorarium for their participation. All participants were assigned pseudonyms to protect their identity. The Conjoint Health

Research Ethics Board at the University of Calgary approved this study (REB15-1765). Interviews with mothers followed guidelines for ethnographic research to determine childhood experiences of homelessness, family violence, low income, mental health and/or substance use issues, historical patterns of health and experiences with public systems. Retrospective interviews were chosen as they allow for both historical and current data to be collected and examined. Some researchers argue that a retrospective interview about 'significant events… is often a more effective design than repeating interviews throughout the event' (Morse 2001). In contrast to longitudinal research, which is costly and time-consuming, retrospective interviews examine past histories and experiences in a much shorter time frame and allow participants to think, reflect and learn what effect past incidents have had on their lives (Morse 2001).

Participatory action research (PAR)

This study intended to employ a participatory action approach to data collection. Two mothers with lived experience were hired to work with the research team during the qualitative data collection and analysis. The research was embedded in community including community partners: the two family shelters, the Calgary Homeless Foundation and a representative from Alberta Human Services who served as an advisory committee and provided expert feedback and advice throughout the project. A participatory approach was chosen as the inclusion of peers and community partners helps to break down power differences between researcher and participant, helps establish trust (which is particularly important when working with marginalized groups) and brings diverse skills and abilities to the inquiry process (Denzin and Lincoln 2001). Action research fits well with critical feminist approaches as its intention is to illicit change but change that is guided by people whose daily lives are most affected (McTaggart 1991). Issues and ideas emerge that would not have been made visible without the participation of knowledge users and 'experts with lived experience' (Kemmis et al. 2013).

Due to both the difficulties of retaining peer researchers and the complexity of their lives, the two peer researchers had to withdraw from the study due to changes in their ability to commit. To compensate for this loss, seven mothers living in short-term housing programs with their children were recruited for a group member check where preliminary findings were shared to elicit their feedback and advice. This discussion enhanced the development of recommendations for changes to public policy and service delivery and ensured a balance between the research team's theoretical interpretation and application in the real world.

A small purposive sample of nine agency staff who work directly with women and children were recruited for a group

interview to gain additional insight and expertise on current gaps in the system and to capture ideas for innovative alternatives. Staff had varying years of experience and levels of expertise, but all were currently working in a family shelter or housing program. Their inclusion enabled a deeper understanding of current practices and issues and offered complementing views on the material that the mothers brought up in their interviews.

Data analysis

Qualitative interviews were analyzed using an iterative ethnographic process to interpret the data, including (a) reading and note-taking, to identify potential themes, (b) describing what the data present, providing detailed descriptions of participants and their experiences of homelessness and (c) classifying the data into themes (Gay and Airasian 2003). The research team individually reviewed all the interview transcripts and manually highlighted key themes. The team then met as a group several times to discuss and compare learnings. Applying the critical feminist framework, the team looked for stories that reflected mothers' pathways into homelessness, their experiences trying to access supports and their stories of violence and its impacts. These themes were shared with the member group, advisory committee and staff in the group interview for further thoughts and discussion. The final themes emerged from this iterative process.

Results and Discussion

Several themes were identified relating to structural violence. Themes include gendered pathways into homelessness, systems of support that create structural barriers and disjointed services that exacerbate trauma. The implications are discussed with an understanding that experiences of violence, homelessness and trauma are cyclical and interconnected (Goodman et al. 1991). In other words, mothers experiencing homelessness have long histories of trauma which are exacerbated by structural violence which in turn traps them in homelessness and is further traumatizing. Trauma is not limited to a traumatic event, but includes the response to the event, or inability to cope. In other words, 'trauma is a threatening experience which turns an adaptive process to a maladaptive one' (Vedat Sar and Ozturk 2008).

Homelessness for mothers is gendered

Although the experiences of the mothers in our sample were complex and varied, all the women had experienced violence on their pathway into homelessness. Mothers often saw current experiences of violence as the instigating factor surrounding their homelessness; many were housed while they

remained with their abusive partner, but once they were able to leave the instability of one situation, they were soon met with the issue of housing instability. Mothers often had to choose between their safety and housing, ultimately choosing safety due to wanting to keep their children away from the abuse.

'We lost our home because of my ex…I did try to resolve and get back together with him but he was still abusive. I was not only hurting myself but hurting my kids, like he was swearing at my daughter and my older son.' Mary

This finding, of mothers becoming homeless due to partner violence, is consistent with the literature. Research has found that when women decide to leave an abusive partner, their available resources limit their options of where to stay (Ford-Gilboe et al. 2005). Several of the mothers had previously experienced violence as children. This created fear and uncertainty about who to trust.

'My mother would tell me to stop lying or quit saying that, it's not true… She would beat me so bad to the point where I'd be getting my hair pulled and thrown against the wall. And I started getting raped like ongoing so I thought it was normal and I stopped telling my mom 'cause every time I told her I'd get the beat.' Dana

For the women in our study, their experiences of violence were made more complex by experiences of motherhood and poverty. For example, having children with them after leaving an abusive situation meant that mothers needed to find childcare before they could find employment. With the high cost of formal childcare, many in our sample relied on the time that their children were in school or informal childcare arrangements to work. Mothers whose children were younger than school-aged were often unable to work or to enrol in training programs to improve their employment outlook because they were the primary caregiver for their children. This phenomenon is not well explored in the literature, with most studies focusing on mothers as the unit of analysis, rather than recognizing that women's roles as mothers influence how they move through systems and impact why they become homeless and the supports they need for stability.

Within our sample, poverty played a significant role in housing insecurity. Most of the mothers in our study did not become homeless immediately after leaving their partner. They talked about struggling to make ends meet for months, trying to buy diapers, bartering childcare with friends and going to the food bank. Many had tried to access social assistance but had not been successful. Several of them, even with

income support or child custody payments, still had difficulties paying for basic needs.

Mothers also often stayed home with their children while their partner worked, so without experience or education, they were tied to this role. The above are generally considered gender-specific experiences of poverty (Boritch 1997). There is stigma associated with single 'welfare mothers' and the dominant political climate attacks 'dependency culture' with a key belief that those who live outside the traditional family (i.e., single mothers) are responsible for a societal moral decline (Hoggart 2005). This stigma makes it more difficult for women to leave violent relationships and fosters dependence, and powerlessness.

Many women expressed that their former partners continued to exhibit power over them even after leaving.

'He's still trying to get that emotional hold … so when he doesn't pay at the end of the month like he would normally, he pays me the two weeks after… I still see it as that's his hold and stuff … that's his way of controlling and still trying to see me.' Julie

One mother discussed having to stay home from work to take care of her ill child, which eventually caused her to lose her job. Another discussed losing her husband to suicide which left her without support or financial resources.

Systems of 'support' create structural barriers

Many mothers had experience with multiple systems, including immigration, child welfare, housing and financial assistance supports. Because many of these systems do not actively work together in practice, mothers found themselves 'stuck' within one or more system and unable to move forward.

Immigration was a significant factor in vulnerability in our sample. Several of the mothers had immigrated to Canada from other countries through the Temporary Foreign Worker program or had been sponsored by their partner. However, when fleeing violence, many of their partners did not continue to support their application for permanent residency and the sponsorship process was stopped, often as a way of controlling them. Mothers found themselves without the ability to work, without financial resources and without the necessary documentation to access supports.

'I cannot work, I'm not allowed to work. I'm not eligible for any help right now. Even the children, they don't have their health card… they don't receive the Canada Child Tax Benefit. Everything, they don't receive everything since April last year and their father is not even giving child support. Even though I already have the

court order… cause he wants me to get deported and he wants to get the kids from me.' Fatima

Several of the mothers had lost essential documentation that was needed to process their visas or work permits. Long processing times for visas meant that even if they were able to work, they were unable to find employment. For several of the mothers, being denied sponsorship benefits made them ineligible for other services as a non-status immigrant.

Many mothers discussed being powerless and needing to prove their 'worth' to child welfare authorities regarding their ability to care for their children. Many said that if they did one thing wrong, they could lose their children.

'I didn't know if that last time if they were ever going to be returned because of all the previous histories and their dad was making it so difficult so even though they were in care, it was really rocky, it was really bad between us so I tried not to give up hope but it was hard.' Rachel

The housing system itself was described as a barrier. Many of the mothers mentioned that a key reason for their continuing homelessness was the lack of affordable housing. Several mothers reported being on the waitlist for subsidized housing but they were not high enough 'acuity' to get housing or the waitlists were too long. A strong indicator of acuity, or complexity of need, is the length of time someone is homeless. Although families stay in shelter on average longer than singles, in Calgary, there are more than 900 people in adult shelters who have been homeless for several years (Kneebone et al. 2015). These individuals are prioritized for housing (Calgary Homeless Foundation 2019). In other words, a barrier to accessing housing was that these families were not assessed as 'vulnerable enough'.

'I try to find the apartment but it's too expensive. The small money I had, I can't afford [an apartment] like if you work labour job with the two boys you are low income, you need the low-income subsidy house. I try to apply [social housing] they didn't accept my application. I didn't have any choice.' Marie
'15 years ago, when my other two kids were younger, when I left their dad, like I've left a few times, but when I left at that time well of course rent was like five times cheaper, you could get in [social housing] no problem and … I didn't feel like I was struggling. And I only have one kid this time. Last time I had two and… I get the same amount I did when I had the two kids and so … they just don't give you enough even for rent really.' Joanne

Timing and eligibility for resources is poorly coordinated and creates a unique barrier to exiting homelessness. For example, many mothers had secured an apartment but could not access financial support for a damage deposit at the same time. Alternatively, many were going through the process of obtaining financial supports but could not find housing that they could afford and/or the landlord rented to another person who had the damage deposit in place.

Mothers talked about not being eligible for financial supports like social assistance or disability benefits. These were immediate issues, as many of the mothers did not have current employment or education with which to get an appropriately paying job. To become a sustainable breadwinner for their family, many of the mothers needed to upgrade or get additional education; however, this was not possible without financial supports to pay for education and/or childcare when they were in school.

> 'I've tried to apply for [disability benefits] a year ago but apparently my diagnosis wasn't … accepted. I am on social assistance which is limit[ed] so I'm trying to not only get the help for my mental illness and search for part time work. It's, it's been hard.' Shelly

Disjointed services exacerbate trauma

Most mothers described wanting a life and a future involving stable housing, good schooling and opportunities for their children and to move out of homelessness; however, disjointed services kept them in shelter. Many felt trapped in homelessness because of the multiple 'systems' they had to navigate to deal with each 'issue'. For example, some mothers talked about misconceptions on the paperwork they needed in order to apply for subsidized housing, how to access health care cards, navigating the court systems to get child support, and feeling overwhelmed, helpless and demoralized when they were continually 'rejected' in their search for supports.

Some of the mothers indicated that their caseworkers were not helpful in finding information or dealing with services outside of shelters.

> 'They pretty much expect you to be independent… I think I need help … how to look for places, like I've never actually lived on my own before so it's kind of nerve wracking. I've been looking on websites and stuff but I'm not sure how to go about it, leases and stuff like that, so I need help with that.' Sherry

Many of the mothers relied on others in shelter to get information about where to go or who to talk to. In many situations, this further complicated the situation as the information did not always align with what they were hearing from caseworkers.These examples highlight that the lack of coordination between systems exacerbates the issues mothers must navigate, meaning that dealing with a single issue could take time and addressing the larger picture could require a significant stay in shelter. Many mothers were also worried about the future and what would happen when their eligibility for subsidized housing was finished as many housing programs have a stipulated length of stay (up to 2 years).

> 'I am worried, what if I get in and after two years I still don't have enough money for housing… it happened before and I just ended up back with my abusive ex' (P. 8).

Family homelessness is complex, and this is often not recognized by a single-agency approach. Many of the mothers did not become homeless because of a single issue. They were often dealing with complex issues related to motherhood, poverty, multiple systems interactions and lifelong trauma. Many of the women had experienced multiple forms of violence, often at the hands of people they trusted. The implications on practice are important to consider. Women with a deep and inherent fear of retribution may not be forthcoming when discussing histories of violence. Particularly troubling are increased complexities for immigrant mothers, including limited eligibility for government benefits and inaccessible and siloed systems inadequate to deal with their need for safety and protection from abuse. According to Thobani (2007), these systems are organized in ways that forcibly exclude immigrant women in particular because they are seen as 'outsiders' or a strain on government resources rather than contributors. Access to government benefits is determined based on federal government definitions and categories regarding status or citizenship (Goldring and Landolt 2013). Also troubling is the very 'downstream' approach of having to be very high acuity before being eligible for affordable housing.

Supports, services and benefits are not adequate to meet the needs of these families. This increases the vulnerability of mothers and their children by increasing their risk of dependency on abusive partners and/or short-term emergency and crisis responses to meet their basic needs. Women's experiences with these structural and systemic barriers are similar to their experiences of abuse as these systems reinforce gender, class and cultural inequity (Mosher et al. 2010).

For these mothers, there is no simple solution to their issues. A first step would be to recognize the profoundly difficult and gendered pathways into homelessness for women and children and to acknowledge that our current systems are failing. Provision of emergency shelter, in isolation of supports for sustainable and affordable housing, child care, education and employment, is not likely to lead to a sustainable end to homelessness for these families.

There is also a need for trauma-informed care, as many of the mothers had experienced multiple forms of violence, including structural violence across the lifespan. Trauma can impact families in various ways, based on the complex inter-relationships between psychological, biological and social systems (Pynoos et al. 1999) as well as the developmental level of the individual, existing vulnerabilities, the nature of the trauma, the length of exposure to trauma and other contextual factors (van der Kolk and McFarlane 1996). Trauma-informed care treats the root cause of trauma, not its symptoms; acknowledges that people are survivors, not just victims; and recognizes the limitations inherent in service delivery and works to address them (Ryall et al. 2008).
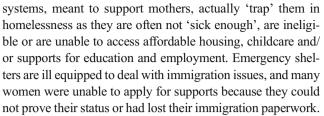
The findings highlight the need for integrated government collaboration and funding and multidisciplinary networks of service providers to ensure responses are 'gendered'. In other words, by including mothers' stories and experiences in policy development and subsequent service delivery, we could highlight that public systems reinforce gendered, racialized and classed power inequities. Interventions such as Housing First programs could be adapted to meet the complex needs of women and children by ensuring supports were rooted in trauma-informed practices. This could be both an intervention and a preventive measure if this model breaks the cyclical nature of violence, homelessness and trauma. Further, knowledge translation and advocacy must take place to ensure that policy-makers understand the intersectional nature of complex social experiences that impact mothers' experiences and the role that policy plays in exacerbating the issues.

Limitations

First, this was a small, qualitative study meant to explore women's experiences as mothers in homelessness and to begin to understand how structural violence, trauma and motherhood itself impact the experience of homelessness. Thus, it is possible that the results are not all generalizable to the larger population of women. Second, the loss of the peer researchers may have impacted the analysis process. Recognizing that none of the researchers have lived experience of homelessness, their relative position of privilege could have impacted their interpretation of the experiences of the women in the study.

Conclusion

Our findings support previous research that suggests violence is primarily a gendered experience and is a pathway into homelessness for mothers. However, our research contributes to scholarly discourse in a number of ways. First, by taking up a critical lens, we see the ways in which our public systems are organized to work in siloes and reinforce inequity. These

systems, meant to support mothers, actually 'trap' them in homelessness as they are often not 'sick enough', are ineligible or are unable to access affordable housing, childcare and/or supports for education and employment. Emergency shelters are ill equipped to deal with immigration issues, and many women were unable to apply for supports because they could not prove their status or had lost their immigration paperwork.

Many of the women had experienced violence in multiple forms and throughout their lives. Creating interventions to address and deal with trauma has the potential to improve outcomes for women and also potentially reduce the likelihood that their children will continue the cycle of vulnerability into adulthood.

Understanding structural violence in this study is so interpreted because the women experience oppressive authority that exacerbates powerlessness. This becomes a form of structural violence because the women's experiences interacting with multiple public systems parallel the experiences of an abusive relationship, that is, powerlessness and the constant threat of discipline.

Future research should examine the role of broader economic, cultural and political factors, including power, values and ideology that shape public systems and public policies, including qualitative research that can add context to the impacts of multiple experiences of trauma and the needed responses to deal with them. Future research should also assess the impact of offering gender-appropriate permanent housing for women and children fleeing violence. This could include evaluation of an enhanced Housing First model that ensures safety from abusers and holistic case-managed supports to help navigate multiple systems. It would be important to evaluate whether or not this intervention reduces the cyclical experiences of violence, homelessness and trauma for both women and, in the long term, their children. Future research should also endeavour to engage and retain peer researchers throughout the research process while anticipating the complex lives of those with lived experience with homelessness to build in strategies to retain their expertise.

Compliance with ethical standards
The Conjoint Health Research Ethics Board at the University of Calgary approved this study (REB15-1765).

Conflict of interest The authors declare that they have no conflict of interest.

References

Abercrombie, S. H., & Hastings, S. L. (2016). *Feminization of poverty*. New Jersey: Wiley Blackwell.

Agger, B. (2006). *Critical social theories: an introduction*. Boulder: Paradigm Publishers.

Baker, C., Cook, S. T., & Norris, F. (2003). Domestic violence and housing problems: a contextual analysis of women's help-seeking, received informal support, and formal system response. *Violence Against Women, 9*(7), 754–783.

Barrow, S. M., & Laborde, N. D. (2008). (2008). Invisible mothers: parenting by homeless mothers separated from their children. *Gend Issues, 25*, 157–172.

Bassuk, E. L., & Rosenberg, L. (1988). Why does family homelessness occur? A case-control study. *Am J Public Health, 78*, 783–788.

Bassuk, E. L., Weinreb, L., Dawson, R., Perloff, N., & Buckner, J. (1997). Determinants of behavior in homeless and low-income housed preschool children. *Pediatrics, 100*(1), 92–100.

Bassuk, E. L., Volk, K., & Oliver, J. (2010). A framework for developing supports and services for families experiencing homelessness. *The Open Health Services and Policy Journal, 3*, 34–40.

Boritch, H. (1997). *Fallen women: female crime and criminal justice in Canada*. Toronto: ITP Nelson.

Broussard, A., Joseph, A., & Thomson, M. A. (2012). Stressors and coping strategies used by single mothers living in poverty. *Affilia: Journal of Women & Social Work, 27*(2), 190–204.

Calgary Homeless Foundation (2014). Winter point in time count. Available at: http://calgaryhomeless.com/content/uploads/Winter-2014-PIT-Count-Report.pdf. Accessed Oct 2017.

Calgary Homeless Foundation (2019). *Coordinated access and assessment*. Available at: http://calgaryhomeless.com/agencies/coordinated-access-assessment/. Accessed Mar 2019.

Covington, S. C., & Bloom, B. E. (2003). Gendered justice: women in the criminal justice system. In B. E. Bloom (Ed.), *Gendered justice: addressing female offenders*. Carolina: Carolina Academic Press.

Davies-Netzley, S., Hurlbert, M. S., & Hough, R. L. (1996). Childhood abuse as a precursor to homelessness for homeless women with severe mental illness. *Violence and Victims 1996, 11*(2), 129–142.

Denzin, N. K., & Lincoln, Y. S. (2001). *The SAGE handbook of qualitative research* (Vol. 4). Thousand Oaks: Sage Publications.

DeQuinzio, P. (2013). *The impossibility of motherhood: feminism, individualism and the problem of mothering*. New York: Routledge.

Farmer, P. (2004). The anthropology of structural violence. *Curr Anthropol, 45*(3), 305–325.

Ford-Gilboe, M., Wuest, J., & Merritt-Gray, M. (2005). Strengthening capacity to limit intrusion: theorizing family health promotion in the aftermath of woman abuse. *Qual Health Res, 15*(4), 477–501.

Gaetz, S., Gulliver, T., Richter, T. (2014). *The state of homelessness in Canada*. Available at: https://homelesshub.ca/resource/state-homelessness-canada-2014. Accessed Oct 2017.

Gaetz, S., Dej, E., Richter, T., Redman, M.(2016). *The state of homelessness in Canada*. Available at: https://www.homelesshub.ca/resource/state-homelessness-canada-2016. Accessed Nov 2017.

Galtung, J. (1969). Violence, peace, and peace research. *Journal of Peace Research 1969, 6*(3), 167–191.

Gay, L. R., & Airasian, P. (2003). *Educational research: competencies for analysis and application* (Vol. 7). Upper Saddle River: Pearson Education.

Goering, P., Veldhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E., & Aubry, T. (2014). *National at home/Chez Soi Final Report*. Calgary: Mental Health Commission of Canada Available at: http://www.mentalhealthcommission.ca/sites/default/files/mhcc_at_home_report_national_cross-site_eng_2_0.pdf. Accessed Nov 2017.

Goldring, L., & Landolt, P. (2013). *Producing and negotiating non-citizenship: precarious legal status in Canada*. Toronto: University of Toronto Press.

Goodman, L. A., Saxe, L., & Harvey, M. (1991). Homelessness as psychological trauma: broadening perspectives. *Am Psychol, 46*(11), 1219–1225.

Government of Alberta (2019). *Find shelters*. Available at: https://www.alberta.ca/find-shelters.aspx. Accessed Mar 2019.

Hatty, S. E., Davis, N. J., & Burke, S. (1996). No exit: violence, gender, and the streets. In C. Summer, M. Israel, M. O'Connell, & R. Sarre (Eds.), *International Victimology: Selected Papers from the 8th International Symposium* (pp. 47–61). Canberra: Australian Institute of Criminology.

Hoggart, L. (2005). Neoliberalism, the new right and sexual politics. In A. Saad-filho & Johnston (Eds.), *Neoliberalism: a critical reader* (pp. 149–155). London: Pluto Press.

Jenny, C. (2010). *Child abuse and neglect: diagnosis, treatment and evidence*. Amsterdam: Elsevier.

Jewkes, R. (2002). Intimate partner violence: causes and prevention. *Violence Against Women, 359*(9315), 1423–1429.

Kemmis, S., McTaggart, R., & Nixon, R. (2013). *The action research planner: doing critical participatory action research*. New York: Springer.

Kneebone, R., Bell, M., Jackson, N., & Jadidzadeh, A. (2015). *Who are the homeless? Numbers, trends and characteristics of those without homes in Calgary, SPP Research Papers* (Vol. 8, p. 11). The School of Public Policy.

Kohl, P. L., Edleson, J. L., English, D. J., & Barth, R. P. (2005). Domestic violence and pathways into child welfare services: Findings from the National Survey of Child and adolescent well-being. *Child & Youth Services Review, 27*(11), 1167–1182.

Krug, E. G., Mercy, J. A., Dalhburg, L. L., & Zwi, A. B. (2002). The world report on violence and health. *Lancet Public Health, 360*, 1083–1088.

Lyon, E., Lane, S., Menard, A. (2008). *Meeting survivors' needs: a multistate study of domestic violence shelter experience*. Available at: https://vawnet.org/sites/default/files/materials/files/2016-08/MeetingSurvivorsNeeds-FullReport.pdf. Accessed Mar 2019.

McMahon, M. (1995). *Perspectives on marriage and the family. Engendering motherhood: identity and self-transformation in women's lives*. New York: Guilford Press.

McTaggart, R. (1991). Principles for participatory action research. *Adult Educ Q, 41*(3), 168–187.

Montesanti, S. R., & Thurston, W. E. (2015). Mapping the role of structural and interpersonal violence in the lives of women: implications for public health interventions and policy. *BMC Women's Health, 15*, 100.

Morse, J. M. (2001). What is qualitative health research? In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (Vol. 4, pp. 401–415). Thousand Oaks: Sage Publications.

Mosher, J. E., Evans, P. M., Little, M. (2010). *Walking on eggshells: abused women's experiences of Ontario's welfare system*. Available at: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=1616106. Accessed Nov 2017.

Paradis, E., Mosher, J. (2012). *Take the story, take the needs and do something: women's priorities for community-based participatory research on action*. Available at: https://yorkspace.library.yorku.ca/xmlui/bitstream/handle/10315/29386/CBPRwomenhomeless_report_0.pdf%3bsequence=1. Accessed Nov 2017.

Paradis, E., Novac, S., Sarty, M., Hulchanski, D. (2008). *Better off in a shelter? A year of homelessness and housing among status immigrant, non-status migrant, and Canadian-born families*. Available at: http://www.citiescentre.utoronto.ca/publications/Research_Bulletins.htm. Accessed Nov 2017.

Psychology Today (2019). *Child abuse*. Available at: https://www.psychologytoday.com/ca/conditions/child-abuse. Accessed Mar 2019.

Pynoos, R. S., Steinberg, A. M., & Pliacentini, J. C. (1999). A developmental psychopathology model of childhood traumatic stress and intersection with anxiety disorders. *Biol Psychiatry, 46*, 1542–1554.

Ryall, V., Radovini, S., Crothers, L., Schley, C., Fletcher, K., Nudds, S., & Groufsky, C. (2008). Intensive youth outreach in mental health: An integrated framework for understanding and intervention. *Soc Work Ment Health, 7*(1–3), 153–175.

Santiago, C. D., Wadsworth, M. E., & Stump, J. (2009). Socioeconomic status, neighborhood disadvantage, and poverty-related stress: prospective effects on psychological syndromes among diverse low-income families. *J Econ Psychol, 32*(2), 218–230.

Segaert, A. (2012). *The National Shelter Study: emergency shelter use in Canada 2005–2009*. Available at: http://publications.gc.ca/site/eng/9.834898/publication.html. Accessed Oct 2017.

Shlay, A. (1994). Family self-sufficiency and housing. *Hous Policy Debate, 4*(3), 457–495.

Thobani, S. (2007). *Exalted subjects: studies in the making of race and nation in Canada*. Toronto: University of Toronto Press.

Thomas, C. (2007). *Sociologies of disability, 'impairment', and chronic illness: ideas in disability studies and medical sociology*. London: Palgrave.

Tutty, L., Bradshaw, C., Hewson, J., MacLaurin, B., Waegemakers Schiff, J., Worthington, C. (2012). *Risks and assets for homelessness Prevention*. Available at: http://calgaryhomeless.com/. Accessed Nov 2017.

van der Kolk, B. A., & McFarlane, A. C. (1996). The black hole of trauma. In B. A. van der Kolk, A. C. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress: the effects of overwhelming experience on mind, body and society* (pp. 3–21). New York: Guilford Press.

Vedat Sar, M. D., & Ozturk, E. (2008). What is trauma and disassociation? *Journal of Trauma Practices, 4*(1–2), 7–20.

Watson, J. (2016). Gender-based violence and young homeless women: femininity, embodiment, and vicarious physical capital. *Sociol Rev, 64*, 256–273.

World Health Organization (1996). *World report on violence and health: Summary*. Available at: https://www.who.int/violence_injury_prevention/violence/world_report/en/summary_en.pdf. Accessed Mar 2019.

World Health Organization (2005). *WHO multi-country study on women's health and domestic violence against women: summary report of initial results on prevalence, health outcomes and women's responses*. Available at: http://apps.who.int/iris/bitstream/handle/10665/43310/9241593512_eng.pdf?sequence=1. Accessed Mar 2019.